

YORK COUNTY PUBLIC LIBRARY
TEEN ADVISORY BOARD APPLICATION FORM

Thank you for your interest in joining the Teen Advisory Board at the library.
Please complete this form and return it to the *Youth Services Desk* at *Tabb*.

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Present School _____ Age _____

Work Experience (include volunteer experience) _____

Special Interests/Skills _____

Why are you interested in joining the Teen Advisory Board? _____

Will you be transported to the library by anyone other than parents or self? _____

If so, Please list name and phone # below:

Name _____ Phone _____

In case of emergency, please contact: _____

Phone _____

Do you have any physical or medical condition of which we should be aware? _____

If so, please explain: _____

Applicant Signature _____ Date _____

Parent's Signature _____ Date _____

Daytime Phone # _____ Evening Phone # _____

We will plan to meet on the last Monday of each month at the Tabb Library
in the Children's Activity Room from 7:00 – 8:00 P.M. The first meeting will be:
September 27, 2004.